Company Tracking Number: AR IL-L24700

TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other

Product Name: Important notice: Replacement

Project Name/Number: Important notice: Replacement/

Filing at a Glance

Company: Horace Mann Life Insurance Company

Product Name: Important notice: Replacement SERFF Tr Num: HRCN-126279263 State: Arkansas

TOI: A10 Annuities - Other SERFF Status: Closed-Approved- State Tr Num: 43353

Closed

Sub-TOI: A10.000 Annuities - Other Co Tr Num: AR IL-L24700 State Status: Approved-Closed

Filing Type: Form Reviewer(s): Linda Bird

Author: Dorothy Ruppert Disposition Date: 08/28/2009
Date Submitted: 08/27/2009 Disposition Status: Approved-

Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Important notice: Replacement Status of Filing in Domicile: Not Filed

Project Number: Date Approved in Domicile:

Requested Filing Mode: Review & Approval Domicile Status Comments: Not required in

domicile state.

Explanation for Combination/Other: Market Type: Individual

Submission Type: New Submission Group Market Size:

Overall Rate Impact: Group Market Type:

Filing Status Changed: 08/28/2009 Explanation for Other Group Market Type:

State Status Changed: 08/28/2009

Deemer Date: Created By: Dorothy Ruppert

Submitted By: Dorothy Ruppert Corresponding Filing Tracking Number:

Filing Description:

IL-L24700 Supplement to application

IL-M25903 Important Notice: Replacement of life insurance or annuities

Dear Sir or Madam:

Form IL-L24700 "Supplement to Application" is being filed for "Approval". Form IL-M25903 is being filed for "Informational purposes only" or "Approval" as required.

SERFF Tracking Number: HRCN-126279263 State: Arkansas State Tracking Number: 43353 Filing Company: Horace Mann Life Insurance Company

Company Tracking Number: AR IL-L24700

TOI: Sub-TOI: A10.000 Annuities - Other A10 Annuities - Other

Product Name: Important notice: Replacement Project Name/Number: Important notice: Replacement/

These forms will be used to comply with your state's replacement regulation Department Rule 97. They will be used with individual and group life insurance and annuities, where applicable.

Form IL-L24700 will be used as a supplement to our previously approved life insurance and annuity applications, where applicable.

Form IL-M25903 is identical to that contained in the NAIC model regulation; however, we have revised the form as follows.

- Reference to "agent" or "producer" has been changed to "insurance producer";
- included a 30 day free look at the bottom of Page 1;
- moved the certification statement and signature area to the bottom of Page 2;
- added an applicant's certification that sales material was received and notice that they can contact the insurance producer or home office if they have any questions;
- added a section for the insurance producer to list any sales material used in connection with the sale;
- the statement regarding the notice being read aloud to the applicant has been moved to the top of Page 1; and
- reference to "questions on the back of this form" has been revised to "questions on Page 2 of this form".

This form will be used if the applicant answers "yes" to the replacement question on the application or a supplement to the application as to whether they have an existing or pending life insurance policy or annuity. Form IL-M25903 will be completed and signed by both the applicant and insurance producer. A copy will be left with the applicant and a copy will be submitted to the company with the completed application.

Your early consideration would be appreciated.

Company and Contact

Filing Contact Information

Dorothy Ruppert, rupperd1@horacemann.com

1 Horace Mann Plaza 217-788-5303 [Phone] Springfield, IL 62715-0001 217-535-7197 [FAX]

Filing Company Information

CoCode: 64513 Horace Mann Life Insurance Company State of Domicile: Illinois

1 Horace Mann Plaza Group Code: Company Type: Life,

Accident/Health, Annuity, Credit

Springfield, IL 62715-0001 Group Name: State ID Number:

(217) 789-2500 ext. [Phone] FEIN Number: 37-0726637

Filing Company:

AR IL-L24700 Company Tracking Number:

TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other

Product Name: Important notice: Replacement Project Name/Number: Important notice: Replacement/

Filing Fees

Fee Required? Yes Fee Amount: \$50.00 Retaliatory? No

Fee Explanation: \$50.00 per filing

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Horace Mann Life Insurance Company \$50.00 08/27/2009 30150810

Company Tracking Number: AR IL-L24700

TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other

Product Name: Important notice: Replacement

Project Name/Number: Important notice: Replacement/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	08/28/2009	08/28/2009

SERFF Tracking Number: HRCN-126279263 State: Arkansas State Tracking Number: 43353

Filing Company: Horace Mann Life Insurance Company

Company Tracking Number: AR IL-L24700

TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other

Product Name: Important notice: Replacement Project Name/Number: Important notice: Replacement/

Disposition

Disposition Date: 08/28/2009

Implementation Date: Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Company Tracking Number: AR IL-L24700

TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other

Product Name: Important notice: Replacement

Project Name/Number: Important notice: Replacement/

Schedule	Schedule Item	Schedule Item Status Public Access
Supporting Document	Flesch Certification	No
Supporting Document	Application	No
Supporting Document	Life & Annuity - Acturial Memo	No
Supporting Document	Comparison form	Yes
Form	Supplement to application	Yes
Form	Important notice: Replacement of life	Yes

Company Tracking Number: AR IL-L24700

TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other

Product Name: Important notice: Replacement
Project Name/Number: Important notice: Replacement/

Form Schedule

Lead Form Number: IL-L24700

Schedule	Form	Form Type	Form Name	Action	Action Specific	Readability	Attachment
Item	Number				Data		
Status							
	IL-L24700	Other	Supplement to application	Initial		0.000	IL-L24700.pdf
	IL-M25903	Other	Important notice: Replacement of life insurance or annuities	Initial		0.000	IL- M25903.pdf



Horace Mann Life Insurance Company 1 Horace Mann Plaza Springfield, Illinois 62715-0001

Agent's signature/date	Applicant's signature/date		
3. Is the insurance applied for intended to replace insurance or an annuity contract?	or change existing life	Yes □	No 🗆
2. Does any proposed insured have any pending (within the last six months) policies or contracts with this or any other company?		Yes □	No 🗆
1. Does any proposed insured have any existing lift annuity contracts in force?	fe insurance policies or	Yes □	No □
Replacement questions:			
Supplement to Application (This form must be completed in addition to any of	ther forms required.)		



Horace Mann Life Insurance Company 1 Horace Mann Plaza Springfield, Illinois 62715-0001 1-800-999-1030

Important notice: Replacement of life insurance or annuities

(Note: This document must be signed by the applicant and the insurance producer, if there is one,

and a copy left with the	e applicant.)		·
I do not want this notice read	l aloud to me (Appli	icants must initial only if they do	not want the notice read aloud.)
You are contemplating the p discontinuing or changing an considered replacements.	urchase of a life insurance existing policy or contract.	policy or annuity contract. In sor If so, a replacement is occurrin	ne cases this purchase may involve g. Financed purchases are also
	xisting policy or contract, or	purchased and, in connection w r an existing policy or contract is n a financed purchase.	ith the sale, you discontinue surrendered, forfeited, assigned to
withdrawal or surrender of or	r by borrowing some or all o	w life insurance policy involves to of the policy values, including ac on the new policy. A financed p	cumulated dividends, of an existing
be surrender costs deducted	I from your policy or contraction or contraction of the first cost. A file of the first cost. A file of the first cost.	ct. You may be able to make cha nanced purchase will reduce the	ay acquisition costs and there may anges to your existing policy or value of your existing policy and
We want you to understand the following questions and of	the effects of replacements consider the questions on F	s before you make your purchase Page 2 of this form.	e decision and ask that you answer
Are you considering disce terminating your existing	ontinuing premium paymen policy or contract?	nts, surrendering, forfeiting, assiç YESNO	gning to the insurer, or otherwise
Are you considering using contract? YES	g funds from your existing p NO	policies or contracts to pay prem	iums due on the new policy or
If you answered "Yes" to eith (include the name of the insu- policy or contract will be repl	urer, the insured or annuita	nt, and the policy or contract nur	act you are contemplating replacing mber if available) and whether each
INSURER NAME	CONTRACT OR POLICY #	INSURED OR ANNUITANT	REPLACED (R) OR FINANCING (F)
1			
2			
3			
policy or contract. If you requ	uest one, an in-force illustra surer. Ask for and retain all	I sales material used by the insu	e disclosure documents must be
The existing policy or contract	ct is being replaced becaus	se	
		ontract within 30 days of delivery	

IL-M25903 Page 1 of 2

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful

this is to ask the company or insurance producer that sold you your existing policy or contract to provide you with

applicable premium tax and any adjustments for withdrawals and any outstanding loan balance).

annuity contracts, the refund will be the greater of the account value (less any premium bonus) or premiums paid (less any

comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do

information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your insurance producer to determine whether replacement or financing your purchase makes sense:

PREMIUMS:

Are they affordable?

Could they change?

You're older - are premiums higher for the proposed new policy?

How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES:

New policies usually take longer to build cash values and to pay dividends.

Acquisition costs for the old policy may have been paid; you will incur costs for the new one.

What surrender charges do the policies have?

What expense and sales charges will you pay on the new policy?

Does the new policy provide more insurance coverage?

INSURABILITY:

If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.

You may need a medical exam for a new policy. Claims on most new policies for up to the first two years can be denied based on inaccurate statements. Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:

How are premiums for both policies being paid? How will the premiums on your existing policy be affected?

Will a loan be deducted from death benefits? What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:

Will you pay surrender charges on your old contract? What are the interest rate guarantees for the new contract?

Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:

What are the tax consequences of buying the new policy?

Is this a tax-free exchange? (See your tax advisor.) Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code? Will the existing insurer be willing to modify the old policy?

How does the quality and financial stability of the new company compare with your existing company?

Applicant's certification: To the best of my knowledge, I certify that the responses herein are accurate. I have received all sales material, if any, used in conjunction with this sale. It is my understanding that upon review of this material, should I have any questions, I can contact either my insurance producer or Horace Mann Life Insurance Company for further clarification.

Applicant's signature Applicant's printed name Date

[Sales Materials. A copy of all printed materials and electronically presented information used in connection with this transaction must be provided to the applicant. In addition, the insurance producer must submit with the application all individualized sales materials (including any illustrations) used and list below all other sales material used (name/description or form #). If no sales materials were used, check the appropriate field below.

Name/description or form #

No sales materials were used except for any applicable illustrations, prospectus(es) or asset allocation tools.]

Insurance producer's certification: To the best of my knowledge, I certify that the responses in this document are

accurate and that this replacement transaction is in accordance with the Company's replacement guidelines with respect

Company Tracking Number: AR IL-L24700

TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other

Product Name: Important notice: Replacement

Project Name/Number: Important notice: Replacement/

Supporting Document Schedules

Item Status: Status

Date:

Bypassed - Item: Flesch Certification

Bypass Reason: Not applicable to this submission

Comments:

Item Status: Status

Date:

Bypassed - Item: Application

Bypass Reason: Not applicable to this submission.

Comments:

Item Status: Status

Date:

Bypassed - Item: Life & Annuity - Acturial Memo
Bypass Reason: Not applicable to this submission.

Comments:

Item Status: Status

Date:

Satisfied - Item: Comparison form

Comments:

This form will be used, when applicable, for compliance with Department Rule 97.

Attachment:

IL-M26100_AR Comparison form.pdf



Horace Mann Life Insurance Company 1 Horace Mann Plaza Springfield, Illinois 62715-0001 800-999-1030

DISCLOSURE AND COMPARISON OF LIFE INSURANCE AND ANNUITIES

EXISTING CONTRACT/POLICY	PROPOSED CONTRACT/POLICY
Owner/Annuitant(s)	Owner/Annuitant(s)
Insurer	Insurer
Contract #	Application #
Product Type*	Product Type*
Product Name	Product Name

FOR BOTH LIFE INSURANCE AND ANNUITIES

(Complete all that is applicable)

CONTRACT OR POLICY PROVISION	EXISTING CONTRACT/POLICY	REPLACEMENT CONTRACT/POLICY
Current Proposed Premium/ Annual Consideration		
Current Contract Value		
Current Surrender Value		
Death Benefit Amount		
Current Interest Rate & Guarantee Period		
Guaranteed Minimum Accumulation/Interest Rate		
Surrender Charge Period in Years/charge Percentage Per Year/Years Remaining		
Are free withdrawals available? If yes, what percentage? List Options.		
Other significant policy or contract provisions		

^{*}Deferred Fixed Annuity, Deferred Variable Annuity, Deferred Indexed Fixed Annuity, Immediate Annuity, Indexed Life Insurance, Variable Life Insurance, whole Life Insurance, Universal Life Insurance, Term Life Insurance and Endowment

IL-M26100 Page 1 of 2

FOR ANNUITIES ONLY (Complete all that is applicable)

	(,		
CONTRACT PROVISION	EXISING CONTRACT/POLICY	REPLACEMENT CONTRACT/POLICY		
Initial Bonus Percentage or Amount				
Potential Loss of Bonus if Annuity is Exchanged, Surrendered or Funds Withdrawn				
Sub-Account Choices				
Guaranteed Purchase/Settlement Options				
I have received a copy of this completed form.				
Owner/Annuitant	Date Joint Ov	wner/Annuitant Date		

I certify that the above provisions, and any other significant provisions, of the existing policy or contract and the proposed policy or contract were discussed with the applicant(s).

	/	
Producer Signature	Date	

IL-M26100 Page 2 of 2